



COMMISSIONER
Chris Traylor

Enter date

Dear Local Authority representative :

Our records indicate that (center name) is the local authority for (person's name) . As the qualified intellectual disability professional (QIDP) for (person) , I am preparing (enter his or her) annual planning meeting, which currently is scheduled for (time) at (place) and will be held in (location) . Please make plans to attend and participate in this important meeting. In order to facilitate the living options discussion, please provide information about alternative living arrangements that may be appropriate for (person) . Since (person) is under 22, we also will need to discuss the results from the most recent permanency plan.

If the scheduled date and time will not allow you to participate, please let me know as soon as possible so that we may make other arrangements. Please feel free to call me if you have questions or additional coordination is needed. I may be reached by email at (QIDP email address) or by telephone at (QIDP telephone number) .

Sincerely,

Name
Qualified Intellectual Disability Professional
Address
City, State, ZIP code